

CERTIFICATE OF MAILING

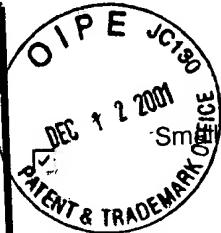


12-26-2001

U.S. Patent & TMO/TM Mail Rpt Dt. #75

being deposited with the United States Postal Service with sufficient postage as first assistant Commissioner for Patents, Washington, D.C. 20231.

Applicant	Signature	<i>Shash M. Chini</i>	Date	12-19-2001
Application Number		09/960,643		
Confirmation Number		5240		
Filing Date		September 20, 2001		
First Named Inventor		Yoganathan et al.		
Examiner		Not yet assigned		
Group Art		1645		
Attorney Docket No.		KINE024		



TRANSMITTAL

Small Entity

☐ Large Entity

ENCLOSED:

☐ Amendment Under Rule

☐ 37 CFR §

☐ Pages

Claims

No. of claims as filed or after amendment

Most claims previously paid for

Extra Claims

Rate

— Totals

Total

Independent

Multiple

Total Extra Claim Fees

Fee

☐ Applicants Petition for an Extension of time from

to

A month extension was previously filed and paid for thereby reducing the basic fee

☒ Response to File Missing Parts (with copy of formalities letter)

☒ Filing Fee

☒ Executed Declaration

☒ Other

Additional Claim Fees

Request for Corrected Filing Receipt (1 page)

Copies of Marked up Filing Receipt and supporting documentation (3 pages)

Fee \$370.00

Surcharge Fee \$65.00

Fee \$126.00

Fee

Fee

Fee

Subtotal \$561.00

☐ Information Disclosure Statement

☐ PTO Form 1449

Pages

☐ Copies of Cited References

☐ Other

Fee

Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

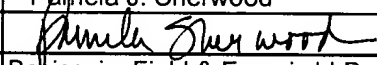
☐ Paper Copy of Sequence Listing

☐ Diskette in computer-readable format

☐ Other

Pages

Fee

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ 561.00
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815 order No. KINE024. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Pamela J. Sherwood	Registration No. 36,677
Signature		Date 12-19-2001
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